

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 30 / 2016	

Full Name of Payee Facebook, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2016	
Mailing Address 1 Hacker Way		Amount 20.36	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.6462
Purpose of Expenditure Ads	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1120.36	

Full Name of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 60493.39	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6453
Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/26	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		61613.75	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60513.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
10 / 27 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 30 / 2016	

Full Name of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 60493.39	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6455
Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/26		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016
Name of Federal Candidate MURPHY, PATRICK E, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		117022.78	

Full Name of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 4153.84	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6457
Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		65767.59	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64647.23
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 27 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE.6457

Originally filed showing 10/1-10/19 within memo of entry. The projection was from 10/1-10/23, then we filed another report on 10/25 to go through 10/26. This report now captures all payroll from 10/1-10/26.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 30 / 2016	

Full Name of Payee Headway Workforce Solutions		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016	
Mailing Address 421 Fayetteville St #1020		Amount 4153.84	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6459
Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26		Category/Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016
Name of Federal Candidate MURPHY, PATRICK E, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		121176.62	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4153.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	129314.82

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Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 27 / 2016

Signature